

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004125

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** LAKEWOOD MANOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

235 E. 5TH ST.  
APOPKA, FL 32703

**New Principal Place of Business:**

2803 PONKAN PINES DR.  
APOPKA, FL 32712

**Current Mailing Address:**

P O BOX 194  
PLYMOUTH, FL 32768

**New Mailing Address:**

**FEI Number:** 27-0822986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRENCH PROFESSIONAL MANAGEMEN  
2803 PONKAN PINES DRIVE  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BROOKS, AVERY  
**Address:** 2803 PONKAN PINES DR.  
**City-St-Zip:** APOPKA, FL 32712 US

**Title:** TD  
**Name:** HYLTON, CHARLENE  
**Address:** 2803 PONKAN PINES DR.  
**City-St-Zip:** APOPKA, FL 32712 US

**Title:** SD  
**Name:** WOOD, RONNIE  
**Address:** 2803 PONKAN PINES DR.  
**City-St-Zip:** APOPKA, FL 32712 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** BONNIE E. COLES

RA

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date